

Waiting List Application Please Print

It is your responsibility to keep the Housing Commission informed of any changes in your contact information and/or household status.

Date Completed:								
Applicant Name (head	of househ	old):						
Current Address Inform	ation							
St. Address Contact Information:	APT. #		CITY		STATE		ZIP	PHONE #
	[_ □ Personal □ Contact (Name):						
			_ □ Personal □ Contact (Name):					
			_ □ Personal □ Contact (Name):					
Email:								
Household Information Name Relation to Head		Date o	Date of Birth		Sex Me		ered Iarijuana	Social Security #
	HEAD			Offend	der	User*		
Is anyone in your house Is anyone in your house who?					•			
Have you or anyone in public Housing Authorit	•						_	
Have you or anyone in g □ Yes □ No If yes who	and whe	en?						
Name: Name:								
			Date: Offense					
U.S. Department of Housize of unit offered to fawould desire: HUD reg □ 1 Bdrm. □ 2 Bdrm	milies/hou ulations w	usehold vill be fo	s. Plea Ilowed	ase info at all t	orm u	s of the r		
*NOTE: THE USE AND/OR POSS INCLUDING BY THOSE INDIVIDU MARIHUANA ACT.								•
OFFICE USE ONLY								
Date/Time Stamp	E	ligible	Ineligib	ole	Letter	Sent	On Wait	List—Date Entered